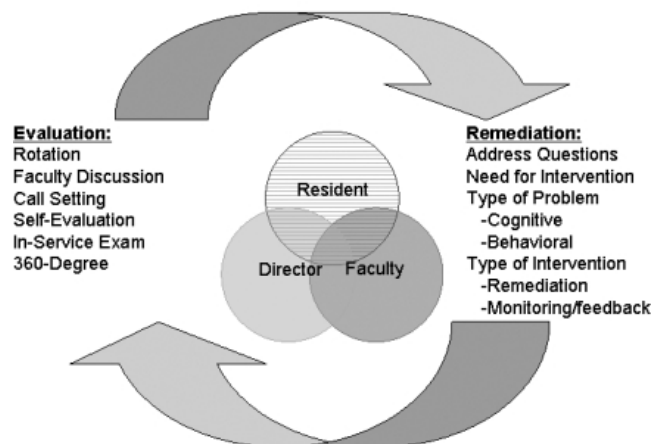


Resources for Trainee Remediation

Purpose: An MSDO fellowship program necessitates a robust evaluation and remediation system that accurately identifies issues *early on*, enabling fellows with challenges to be placed in an effective remediation program. Key elements of a proactive remediation program involve outlining deficiencies, offering resources for improvement, establishing clear performance goals, and conducting periodic assessments against these goals.

Evaluation and Remediation



Boiselle P. M. A remedy for resident evaluation and remediation. *Acad Radiol.* 2005;12(7):894–900.

Evaluations

Frequent rotation evaluations form the core of the fellow assessment program. These evaluations, covering the ACGME milestones, are completed by faculty. The goal is to assess the trainee in a 360 degree manner. This should include evaluations from faculty, co-fellows (if applicable), staff, patients, and self. To address potential grade inflation and ensure honest evaluations, bi-annual roundtable faculty discussions (in the form of a Clinical Competency Meeting) provide a collective platform for faculty members to discuss fellow performance, uncovering issues that might not be evident in written evaluations. The evaluation process must be robust. This is covered in detail in the ACMGE Program Requirements for MSDO Fellowships.

Remediation

At times the conduct, behavior or performance of a trainee may not meet the standards or objectives of the training program. Such circumstances require careful and deliberate intervention. The remediation process is initiated and managed by the training program director in consultation with program faculty, department leadership, the institutional GMEC Chair and GME Office. Information on the remediation process stages can be obtained from your institutional GME office.

Tip The ACGME Program Requirements for MSDO defer to **institutional policies and procedures** when developing plans for fellows that are failing to progress. In such

situations, it is highly advisable to proactively involve your Graduate Medical Education Office. Seek clarification on institutional policies and procedures, and leverage the resources available through the office to navigate this process effectively.

Tip As noted above, institutional policies and procedures will supercede other policies; however, consideration of the following 3 steps may be beneficial:

- Consider issuance of a 'letter of warning' prior to any official remediation (as a first step)
- Provide in writing contact information of any institutional support services (mental health, counseling services, well-being resources etc.). Most often, institutional GME offices will have this information readily available.
- Have fellowship ombudsperson meet with trainee periodically during remediation

When addressing fellow performance issues, an open discussion in a comfortable environment is crucial. Presenting factual information without judgment, accusation, or demeaning tones is essential, emphasizing the importance of being a good listener. The assessment process involves probing questions to identify the nature of the issue, considering:

- knowledge deficits
- attitude or behavioral problems
- skill deficits, and
- potential personal contributing factors like family demands or medical illness.

Analysis encompasses:

- the fellow's and faculty's perceptions
- identification of personal issues
- evaluation of larger educational or systemic problems, and
- assessing impacts on patient care, fellow health, professional growth, and the program's dynamics.

A fair, comprehensive, and timely analysis guides the decision on the necessity of intervention. If intervention is warranted, a remediation plan is swiftly implemented. Per the ACGME Program Requirements for MSDO:

Learning is an active process that requires effort from the teacher and the learner. Faculty members evaluate a fellow's performance at least at the end of each rotation. The program director or their designee will review those evaluations, including their progress on the Milestones, at a minimum of every six months. Fellows should be encouraged to reflect upon the evaluation, using the information to reinforce well-performed tasks or knowledge or to modify deficiencies in knowledge or practice. Working together with the faculty members, fellows should develop an individualized learning plan.

Fellows who are experiencing difficulties with achieving progress along the Milestones may require intervention to address specific deficiencies. Such intervention, documented in an **individual remediation plan** developed by the program director or a faculty mentor and the fellow, will take a variety of forms based on the specific learning needs of the fellow

Categorizing the problem as cognitive or behavioral helps tailor instructional methods, with cognitive issues addressed traditionally and behavioral problems requiring close monitoring, feedback, or referral to a mental health professional. The remediation program involves a collaborative effort among the fellow, program director, and faculty educational liaison, documented through an agreement form outlining:

- clear goals
- benchmarks, and
- reassessment plans

Proactive measures may include additional assignments, tutorials, procedural skill assistance, or repeating clinical rotations.

Early involvement of the **GME office** aids in

- drafting agreements
- documenting poor performance, and
- providing legal counsel.

The program is widely accepted, approved by the department clinical competency committee, and addresses due process requirements. Recognizing the emotional toll on both fellows and educators, the process acknowledges initial denial, anger, and disappointment for fellows, and anxiety about being overcritical for staff physicians. Clear understanding, acceptance, and ongoing support are crucial for both parties throughout the remediation program.

Other potential resources include:

-[The ACGME Remediation Toolkit](#): offers 11 modules authored by experts nationwide. It covers topics such as assessing and remediating struggling learners, underlying clinical performance issues, and successful remediation programs. CME is offered upon completion.

-[Individualized Academic Achievement Plan](#): template for academic plan. Please check with your GME Office, as they may have a specific institutional form. An example of a completed form can be found [here](#).

-[Individualized Learning Plan Template](#): self-reflective learning plan template. Please check with your GME Office, as they may have a specific institutional form.

Citations

Wu JS, Siewert B, Boisselle PM. Resident evaluation and remediation: a comprehensive approach. J Grad Med Educ. 2010 Jun;2(2):242-5. doi: 10.4300/JGME-D-10-00031.1. PMID: 21975628; PMCID: PMC2930314.